

WELFARE TO WORK APPRAISAL APPOINTMENT LETTER

NAME _____

DATE _____

CASE NUMBER _____

SSA NUMBER _____

☐ You are now required to participate in Welfare to Work.☐ You have volunteered to participate in Welfare to Work.

You are scheduled for an _____ on _____ at _____ o'clock at
(orientation/appraisal) (date)

(address)

The purpose of this appointment is to get information from you that will help to decide what kind of activities you should go to first. Then you will sign a Welfare to Work plan. The Welfare to Work plan will show what your Welfare to Work activities are and what services the County may offer you. The Welfare to Work activities and supportive services are described in the Welfare to Work Handbook, which you will receive from the County. The Welfare to Work plan will also give you a detailed explanation of your rights, duties and responsibilities under Welfare to Work.

This appointment is **very** important.

If you cannot keep this appointment, call _____ at _____
(Welfare to Work worker) (phone)
to schedule another date. If we are not available, please leave a message and we will get back to you.